2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 01, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # L05000075059** 62 STREET APARTMENTS, LLC Principal Place of Business Mailing Address 5999 BISCAYNE BLVD. 5999 BISCAYNE BLVD. MIAMI, FL 33137 MIAMI, FL 33137 04072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4308199 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LAW OFFICE OF PASTOR, MONTES, NAVEO & GONZ DO NOT WRITE 5999 BISCAYNE BLVD. MIAMI, FL 33137 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered egant and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.78 9. MANAGING MEMBERS/MANAGERS MGR TITLE PASTOR, CARLOS NAME U00000941702 - 05/28/08-80118-002 138.75 STREET ADDRESS 5999 BISCAYNE BLVD. CITY-ST-ZIP MIAMI, FL 33137 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my argufature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED